IV. PROGRAM NARRATIVES

IV.A. Geographic Targeting and Distribution

For FY 2006, the Department will continue to target its funding to address the demographic changes and needs identified in the 2000 Census, in the Administration's development priorities (as identified in the Mayor's City-Wide Strategic Plan), and through DHCD's Needs Assessment Hearings. Through its city-wide citizen participation process, the District's Administration identified 13 areas for targeted investment. These remain priority areas for 2006 through 2010.[2]

Table 12: District Areas for Targeted Investment

1. Anacostia	8. Ivy City / Trinidad
2. Bellevue	9. Minnesota / Benning
3. Columbia Heights	10. Near Southeast
4. Congress Heights	11. Pennsylvania Avenue / Fairlawn
5. Georgia Avenue, N.W	12. Shaw
6. H Street, N.E.	13. Takoma*
7. Howard University / LeDroit Park	

*Takoma Park is not a CDBG-eligible area because of higher area incomes.

The rationale for prioritizing investment in these areas is that these areas meet the characteristics of the priority areas outlined in the District's FY 2001-2005 Consolidated Strategic Plan. The pertinent characteristics have not changed. Investment is targeted to:

- Neighborhoods where crime, vacant housing, and the absence of retail, educational, and social enrichment opportunities require long-term sustained investment;
- Emerging Growth Communities, where development momentum has been established, but where further periodic investment is needed, and where existing residents need housing assistance to prevent dislocation;
- Neighborhoods abutting government centers, Metro stations and Convention Center;
- Neighborhoods in which there is a dense concentration of tax-delinquent, vacant, abandoned, and underutilized housing and commercial facilities; and
- Gateways to the city – their first impression sets the tone for visitors' interaction with the city.

The District of Columbia is also targeting activities from all agencies into a concerted initiative to increase public safety and reduce crime in twelve "hot spots". Many identified areas overlap DHCD's target areas. The hot spots are based on Metropolitan Police Districts and are as follows:

Ward 1 – Columbia Rd	Ward 5 – Rhode Island Ave.	Ward 6 – Orleans Pl.	Ward 8 – Ainger Pl.
Wards 1&4 – Georgia Ave.	Ward 5 – 17th & M St.	Ward 7 – 50th Street	Ward 8 – Yuma St
Ward 4 – Ga. Ave & Longfellow St.	Ward 6 – Sursum Corda	Ward 7 – Clay Terr.	Ward 8 – Elvans Rd.

[2] For the purposes of describing its investments and activities, DHCD cannot identify the exact location of activities to be undertaken, but specifies the target area (in compliance with HUD guidelines); DHCD will not have made its development awards for FY 2005 funding prior to the first quarter of the fiscal year.

The targeting of investment to these areas is anticipated to result in an increase in affordable housing opportunities for households that have experienced the pressure of rising housing costs. It also will leverage private investment to ensure that neighborhood-serving commercial opportunities and community facilities/services are created and maintained. In the case of Ivy City, Minnesota/ Benning, and Congress Heights, where housing stock is particularly old and in poor condition, the District has targeted its Lead-Based Paint Outreach Grant to these neighborhoods to address lead-based paint hazards.

DHCD will also cooperate with semi-governmental development corporations such as the National Capitol Revitalization Corporation and Anacostia Waterfront Corporation in endeavors that benefit low-to-moderate-income residents. DHCD will leverage its funds with financial vehicles such as the Section 108 Loan Guarantee Program and a range of financial instruments and/or arrangements that help to increase affordable housing, home-ownership opportunities, jobs and economic opportunity, retention and attraction of neighborhood businesses, neighborhood revitalization, community and commercial facilities and improvements to the living environments of our residents.

Appendix A contains maps of target areas, CDBG-eligible areas, and a list and map of census tracts with their minority concentrations.

In addition to these target areas, there also are two Neighborhood Revitalization Strategy Areas (NRSAs): Georgia Avenue and Carver Terrace/Langston Terrace/Ivy City/Trinidad. These are described in the "Neighborhood Revitalization Strategy Area" section of this Plan on page 98.

Homeless and Other Special Needs Activities
(See also Appendix C and Tables 3 on pages 53-58)

This section is divided into two parts. The first discusses the activities the District will undertake to serve its homeless population. The second focuses on the activities the District will undertake for non-homeless special needs population – specifically, those living with HIV/AIDS.

Emergency Shelter Grant (ESG) Program Management—Homeless Support and Prevention:

The District's current homeless and homeless special needs' housing efforts are coordinated and managed by the Community Partnership for the Prevention of Homelessness (the Partnership). In FY 2002, DHCD transferred administration of the ESG grant to the Office of the Deputy Mayor for Children, Youth, Families and Elders (ODMCYFE) in order to leverage all available resources for homeless services within the Human Services cluster of agencies. ODMCYFE will continue to receive FY 2004 ESG funds in FY 2006 but will delegate the administration of the ESG funds to the Partnership.

The Partnership serves as the lead agency for homeless Continuum of Care under a FY 2005 contract from the Department of Human Services (DHS) – renewable for up to four option years based upon achievement of the contract's performance objectives and the decision of the city. The contract funds the Partnership to address the needs of the District's homeless population, including the homeless and other special need subpopulations of the homeless (e.g., the frail elderly, chronically mentally ill, drug and alcohol abusers, and persons with AIDS/HIV).

The Partnership, with the approval of the Office of the Deputy Mayor for Children, Youth, Families and Elders determines annually which services will be funded with the ESG Grant to address the most pressing emergency and prevention needs. In FY 2006 the ESG funds will pay for prevention and shelter operations. The Tables 3 on pages **53-58** describe the uses of ESG funds in FY 2006. These funds are to be drawn from HUD's FY 2004 and in part from HUD's Fy 2005 ESG allocation announced in January 2005.

Homelessness (91.215 (c))

1. Describe the jurisdiction's strategy for helping low-income families avoid becoming homeless.

The District of Columbia's strategy for helping low-income families avoid homelessness includes:

a. The use of ESG funds in partnership with the DC Emergency Assistance Fund that offers assistance to avoid displacement.
b. Family Support Collaboratives across the city that offer not only emergency assistance, but also counseling and identification of programs that support and assist families.
c. The Strong Families Initiative that assesses and counsels families in crisis and offers emergency assistance.
d. The Virginia Williams Family Resource Center (family central intake) that assesses and counsels displaced families, connects them to employment and housing counseling services, and finds them immediate shelter if that is needed.

2. Describe how the jurisdiction will reach out to homeless persons and address their individual needs.

District of Columbia and federal HHS funds are used to support several outreach programs. These include:

a. The Shelter Hotline, available 24 hours a day during hypothermia season and 16 hours a day at other times of the year to answer calls from homeless people seeking shelter. The number is widely disseminated and responds to approximately 20,000 calls per year. The van outreach not only picks up individuals who call into the Hotline, but makes rounds to check on street homeless persons. It logs approximately 10,000 shelter trips per year.
b. Outreach teams funded through the Partnership in eight areas of the city engage homeless people in the streets in order to connect them to services, shelter and housing. These are First 7th Day Adventist Church, Neighbors Consejo, Georgetown Ministries, Community Council for the Homeless at Friendship Plane, Rachael's Women's Center, Salvation Army Grate Patrol, Capitol Hill Group Ministry, and DC Central Kitchen's First Helping Program.
c. The Department of Mental Health sponsors outreach programs: the Comprehensive Psychiatric Emergency Program (CPEP) and a homeless outreach team.
d. Additional outreach is done by Unity Healthcare, Inc. through its mobile medical van funded in part by HHS Health Care for the Homeless funds.

In addition to these outreach efforts, private nonprofits and community-based organizations provide dozens of free meal programs, drop-in community centers and other forms of outreach to the homeless, as detailed more fully in Appendix B.

3. Address the emergency shelter and transitional housing needs of homeless persons.

In its annual submission to HUD for McKinney-Vento competitive Continuum of Care funds, the Partnership publishes a "Housing Gaps Analysis Chart" that is based upon point-in-time data on the homeless population, an inventory of available public and private beds for homeless persons (known as the "Housing Activity Chart"), and recommendations about needed programs that have emerged in the District's Continuum of Care planning process. The chart that follows is taken from the Continuum of Care narrative submitted for the 2004 SuperNOFA application:

Housing Gaps Analysis Chart

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Beds	Emergency Shelter	2,934	480	0
	Transitional Housing	1,001	114	0
	Permanent Supportive Housing	1,759	201	1,800
	Total	**5,694**	**490**	**1,800**
Persons in Families with Children				
Beds	Emergency Shelter	954	75	0
	Transitional Housing	1,293	92	113
	Permanent Supportive Housing	1,021	228	1,422
	Total	**3,268**	**320**	**1,535**

(Chart includes seasonal beds) Form HUD 40076 CoC–H

The Unmet Need/Gap figures in this chart refer only to new units that are to be developed as an integral part of ("inside") the District's homeless Continuum of Care. This chart does not include 1,000 additional beds in permanent affordable housing for Individuals, or 2,500 additional affordable housing units for families that are called for in the District's 10-year plan to end homelessness entitled *Homeless No More* (see **Appendix C** for details of the 10-year plan). These 3,500 single and family units will be affordable to persons with incomes between 10% and 20% of Area Median Income, an income level typical of many who do enter shelter now, and are meant to prevent homelessness by increasing the stock of affordable housing. Thus those affordable housing units, while central to the 10-year plan to end homelessness, are considered "outside" the Continuum of Care and are not reflected in this Housing Gaps Analysis Chart.

The chart shows no gap in emergency shelter for Individuals or Families (after the beds and units "under development" are completed) because there is expected to be ample capacity for Individuals while the plans for families are focusing more on "housing first" strategies that will place families in permanent housing with transitional or permanent supportive services.

There is no gap in transitional housing for Individuals because point-in-time data have shown for the last four years that transitional housing beds for adults are under-utilized, and at best the existing stock needs to be reallocated to specific unmet needs. Similarly for families the gap in transitional housing is relatively small, with the 205 beds under development or needed (92 +113) representing 62 additional units for families – 12 under development and 50 needed for families in recovery from substance abuse who are in the early stages of recovery with less than 30 days clean time (such families find it hard to access existing transitional housing).

The gaps for permanent supportive housing were determined by point-in-time and longitudinal data maintained by the Partnership that show an estimated 2,000 chronically homeless persons living in the District; these are defined by HUD as single persons with disabilities who have been homeless for more than a year or more than four times in the past three years. The 2,000 beds under development or needed for Individuals thus represent the need to provide housing for these chronically homeless persons. The 1,650 beds (228 + 1,422) under development or needed for families represent the need to develop 500 units (500 X an average family size of 3.3 persons = 1,650 beds) for families with disabilities and other deep-seated problems that cause them to become homeless again and again, and who therefore will need permanent housing with supportive services.

4. Describe how the jurisdiction will assist homeless persons to make the transition to permanent housing and independent living:

The District's 10-year plan to end homelessness includes the following objectives to assist homeless persons and persons at risk of homelessness with obtaining permanent housing and, if needed, ongoing supportive services.

1) Creation of 6,000 units of affordable housing over the next ten years through the collaboration of District Government, federal resources and institutional funders. This will produce 3,000 SRO (single room occupancy) or other appropriate units for individuals and 3,000 units of affordable housing for extremely low-income families.

As noted in the discussion of the gaps chart, these units will ensure that 2,000 SRO or other appropriate units will be service-enriched supportive housing to bring inside the estimated 2,000 chronically and episodically homeless adults, with the remaining 1,000 units of affordable housing to help extremely low-income, non-disabled adults to stay out of shelters. Within the scope of these 1,000 units there are preliminary targets for housing unaccompanied youth and elderly. For families the great majority (2,500) of the units to be created will not require ongoing supportive services, while 500 will.

The following chart sums up the plans for permanent housing in *Homeless No More.*

Planned Distribution of Housing Units

A. **Household Type**	B. Units to be made affordable	C. Number of the units in Column "B" to be "supportive housing"
Chronically homeless adults, including elderly	2,000	2,000
Working poor and elderly adults	800	0
Unaccompanied youth under 21 years old	200	0
Families with children	3,000	500
TOTALS	**6,000**	**2,500**

2) Full integration of mainstream public services and funding:
The 10-year plan and legislation currently before the City Council both call for the establishment of a District government Interagency Council on Homelessness to coordinate and integrate mainstream city and federal services for the homeless. The Interagency Council on Homelessness will be established by the Mayor in FY 2005 and its charge will be to develop the cross-system strategies and programming, as well as annual interagency budgets, to support the objectives of *Homeless No More*.

Mainstream city services will be available at the front end of the homeless Continuum of Care as the District and Partnership create 24-hour, easy-access, rapid-exit "Homeless Assistance Centers" to replace the current stock of overnight emergency shelters; and they will be available to support the 2,000 chronically homeless persons and 500 families in permanent supportive housing. The better application of mainstream services will also have a major effect on preventing homelessness, especially for families who are already connected with the TANF (welfare) system and other public health and human services.

5. Describe the jurisdiction's Continuum of Care:

The District's public and private facilities and services for the homeless include:

- **Emergency shelter** that consists of both overnight-only shelter and 24-hour facilities. For most adults it is needed for less than 60 days out of a year, but for the chronically homeless is often used for much longer. Emergency shelter for families is 24-hour and the stay is limited to less than six months.
- **Transitional housing** that provides adults and families a longer-term stay – up to two years – in programs that provide rehabilitative and supportive services to prepare people for self-sufficient

living. Persons in transitional housing are considered "literally homeless" because they have no lease or other right to remain in the housing permanently.

- **Permanent supportive housing** that serves people who are "formerly homeless" but continue to be at risk. A serious disability may make self-sufficient living unlikely, so the care extends into permanent housing programs supported by local and federal "homeless" dollars so that they do not become homeless again.
- **Supportive services** address employment, physical health, mental health, substance abuse recovery, childcare and other needs. These preventive and restorative services help homeless people achieve self-directed lives.

The District/Partnership-managed Continuum of Care for homeless persons provides the following capacities and shelter and supportive services, some of these managed directly by the Community Partnership, while others are projects funded directly by HUD but renewed annually through the HUD SuperNOFA process that the Community Partnership manages.

Public CoC Projects Managed by the Community Partnership					
Project Types	**Population**	**Beds**	**Units (FC)**	**Families Served Annually**	**Persons Served Annually**
KEY: SM=Single Male; **SF**=Single Female; **SMF**= Single Male & Female; **FC**=Families with Children; **Y**=Unaccompanied Youth;					
Outreach to streets	SMF	Nine programs covering the city			1,410
Emergency Shelter (2) **and Housing Assistance Centers**	SMF	2,760			7,452
	FC		213	625	2,065
Domestic Violence Shelters	FC,SF		34	60	228
Transitional Housing	SMF,Y	432			1,015
	FC		180	195	578
Permanent Housing	SMF	466			470
	FC		195	195	512
	TOTALS	**3,633**	**622**	**1,075**	**13,730**

HUD McKinney-Vento Programs/Capacity that the Community Partnership Submits for Renewal Annually					
	Populations	**BEDS**	**Units (FC)**	**Families Served Annually**	**Persons Served Annually**
Transitional Housing	SMF,Y	**146**			**344**
	FC		**103**	**103**	**306**
		Populations	**BEDS**		**Persons**
Permanent Housing	SMF	**201**			**201**
	FC		**100**	**100**	**330**
TOTALS		**347**	**203**	**203**	**1,181**

Supportive Services Only Managed by the Partnership		SMF,Y	FC	Persons
	Rental Assistance (Prevention)	90	190	660
	Exit Assistance		65	195
	Employment Search, Job Training	568	190	758
	Childcare, assessments		102	102
	Primary Healthcare	700		700

(See Appendix B for more detailed descriptions of other services provided by public and nonprofit agencies in Washington, D.C.)

6. Describe the nature and extent of homelessness by racial and ethnic groups, to the extent that the information is available. (91.205(c))

In 2003 an estimated 16,000–17,500 people were homeless at some point during the year and as many as 2,000 of these were "chronically homeless" persons who lived either in shelters or on the streets throughout the year. At the point-in-time enumeration undertaken on January 21, 2004 by the Metropolitan Washington Council of Governments (COG), about 8,250 persons were counted by public and private programs within the Washington, D.C. homeless Continuum of Care. About 6,100 of these persons were *literally homeless* – i.e., on the streets, in shelters or in transitional facilities. The District's count included (unlike other COG jurisdictions) 194 families with 600 persons who were listed by family central intake as doubled-up, eligible for shelter because their situation put them at imminent risk of homelessness, and seeking relief from the homeless system or anywhere else they could find a route to permanent housing. It also included an estimated 315 persons who normally live in the streets, a figure that grows to about 500 persons in the warmer months. Another 2,150 persons were counted in 2004 as *permanently supported homeless* who are living within permanent supportive housing. Although part of the overall count of "the homeless," for these persons homelessness has ended but could easily re-occur without the ongoing support.

Over the last ten years the District and many private agencies have created one of the largest homeless Continuum of Care systems in the nation both to relieve the immediate suffering of people without shelter and help them with obtaining and keeping permanent housing. There are currently enough public and private beds to shelter or house about 8,875 persons, enough to serve 1-in-13 of all District residents living in poverty. A HUD report to Congress showed that the District has a rate of homelessness and shelter usage among single adults in poverty higher than New York City or Philadelphia. Another HUD report showed that the District's Continuum has more Continuum of Care beds per persons in poverty than other major cities such as Boston and San Francisco.

The homeless population is comprised of numerous subpopulations with special service and housing needs and/or suffering with various disabilities. Drawing upon an annual point-in-time survey of homeless clients conducted in the third week of January and upon national data, the table above indicates the estimated percentages of individuals (adults and unaccompanied youth) and persons in families who are fall into subpopulations with special needs, as well as the estimated distribution of racial and ethnic groups.

IV.B. Homeless and Other Special Needs Activities

Subpopulations and Special Needs

Subpopulations of Homeless	Individuals		Persons in Families*
Chronic Substance Abusers (CSA)	36.0%		28.0%
Seriously Mentally Ill (SMI)	19.0%		12.0%
Dually Diagnosed (CSA/SMI)	16.0%		13.0%
Veterans	18.0%		15% (of men)
Persons living with HIV/AIDS	12.0%		12.0%

Domestic Violence Victims	19.0%		55.0%
Unaccompanied Youth (16-21 years)	2.6%		N/A
African-American	82%		88%
Caucasian and other	10%		4%
Latino	8%		8%
* primarily applies to adults, but children are affected as well			

Source: The Community Partnership for the Prevention of Homelessness

7. Describe the process for awarding grants to State recipients and a description of how the allocation will be made available to units of local government.

The Department of Housing and Community Development transferred administration of the Emergency Shelter Grant to the Office of the Deputy Mayor for Children, Youth, Families and Elders, so as to support the leverage of all available resources for homeless services within the Human Services cluster of agencies. The Partnership serves as the lead agency for the local HUD-funded Continuum of Care for Homeless City Residents.

The Partnership, in turn, utilizes three categories of procurement to establish or expand new services from District and federal funding sources.

1. Open Competition is the most frequently used method. The Partnership issues Requests for Proposals (RFPs) for desired services. The RFPs define in detail the services required. Draft RFPs are reviewed in a public conference prior to the issuance of a final RFP in order to insure maximum understanding and participation by potential providers. The Partnership accepts competitive applications from any interested organization. Applications submitted in response to RFPs are evaluated and ranked, according to the ranking criteria outlined in the RFP, by panels of three to five persons consisting of Partnership Board members and outside reviewers who have been determined to have no personal or financial interest in the provision of services under the various programs to be funded. The review panel makes recommended selection of awardees to the Partnership's Executive Director who, in consultation with the Board, is responsible for determining which proposals shall be funded.

2. Limited Competition is used to competitively bid within a limited pool of qualified providers. The basic criteria for inclusion in such procurement include: long standing and unique experience, capacity to implement a special project for a limited period of time, and/or capacity to provide a unique and specialized service under extenuating circumstances.

3. Sole Source Contracts are used primarily for interim contracts for projects that may be subject to an open competition at a later date; collaborative agreements with substantively qualified agencies that can advance a particular initiative; or personal services and consultant contracts to achieve limited objectives.

4. HUD SuperNOFA McKinney-Vento Continuum of Care Funds: Annual submissions to the US Department of Housing and Urban Development (HUD) for Continuum of Care funding utilize the open competition method of procurement. The application considers both new

permanent housing proposals and renewals of existing transitional housing, permanent supportive housing and supportive services only (employment, healthcare, childcare). Once HUD announces the SuperNOFA round, the Partnership issues a broadcast fax and email to more than 125 programs and city leaders announcing the availability of HUD funding. A letter of intent to apply is requested from all entities interested in submitting a new application. Several meetings are held to discuss the process and rank the proposals. The following objective criteria have been established for use by the SuperNOFA Project Priority Review Committee in ranking applications:

a. Performance on achieving past measurable objectives
b. Demonstrable and credible outcomes on Housing, Income, Occupancy and Self-Sufficiency measurable objectives
c. Leveraging of additional public and private resources
d. Cost effectiveness in terms of measurable outcomes per HUD dollar
e. Project readiness for new proposals
f. Access to mainstream services for clients

Performance: How performance is measured in homeless programs and services

The Partnership requires all District- and HUD-funded programs to submit quarterly and annual measurable objectives that measure program performance along. The following language is included in all contracts between the Partnership and its contractors.

> Measurable objectives in the Scope of Work must be stated in terms of quantifiable data elements recorded in the HMIS and the Contractor must state at least one measurable objective for each of the following four outcomes: 1.) Clients Served, 2.) Housing, 3.) Income and 4.) Self-Sufficiency.
>
> The "clients served" measure shall be stated as quarterly and annual estimates of the number of clients to be served by the program. The "housing" outcome measure(s) shall be stated as the number and percentage of clients who are expected to exit the program to transitional or permanent housing; unless the program provides permanent supportive housing, in which case the housing measure shall be stated in terms of the number and percentage of clients who will remain housed for at least one year. The "income" outcome measure(s) shall be stated as the number and percentage of clients exiting the program who will increase their income through obtaining mainstream benefits or employment, or both. The "self-sufficiency" outcome measure(s) shall be stated as the number and percentage of clients who will use or participate in the Contractor's *specific services* that are designed to improve each client's ability to direct their own lives to the best of their abilities. The Contractor shall indicate in its Scope of Work exactly which data elements in the HMIS will be used to measure each of the four outcomes.